CASE REPORT

A Case Report of Unusual Presence of Fetal Bone in Cervix After Induced Abortion

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Abstract

Although induced abortion is common in early pregnancy and termination of pregnancy but very rarely after 2nd trimester. Retention of fetal bone after termination of pregnancy is an uncommon Gynecological condition which may be symptomatic.

We present a case of 26 years old presented in OPD with complaint of foul smelling vaginal discharge, pain lower abdomen and urinary incontinence for 7months. She gave history of induced abortion at 7months of amenorrhea by dai after that she underwent a laparotomy due to abdominal distension and suspicion of intestinal obstruction by surgeon and pus was drained. But no obstruction was found after that she had complaint of vaginal discharge pain lower abdomen & incontinence.

On examination abdomen soft, non tender, cervix not visualized, 4x5 cm, whitish colour foreign body impacted in cervical region. Uterus mobile normal size, 4x5cm irregular stony hard foreign body impacted in cervix and projecting laterally and anteriorly. Urine dribbling anterior to foreign body but no fistulous opening visible.

Introduction

Unsafe abortion is one of the most neglected health problem in developing countries and retained fetal bone is the unusual complication only in 0.15 percent cases.[(1)] The time of presentation of fetal bone from the occurrence is 30 days to 23years has been reported

Retained fetal bone may sometimes present with unusal symptoms. So it is challenging to make a diagnosis.

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Common problems are dysmenorhea, dysparunia, vaginal discharge, pelvicpain, infertility and AUB. [(2)] But very rarely leading to fistula formation due to impaction on bladder.

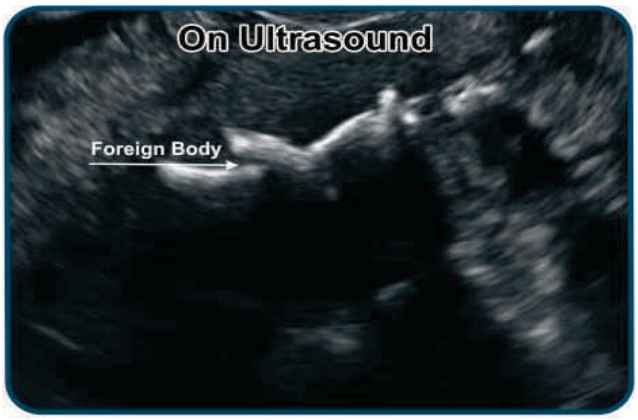
This case report is mainly focusing on fistula formation due to deep impaction of fetal bone on bladder and urinary incontinence that is disturbing her routine life. The diagnosis is challenging for whole team of Gynae Unit-II, Services Hospital Lahore.

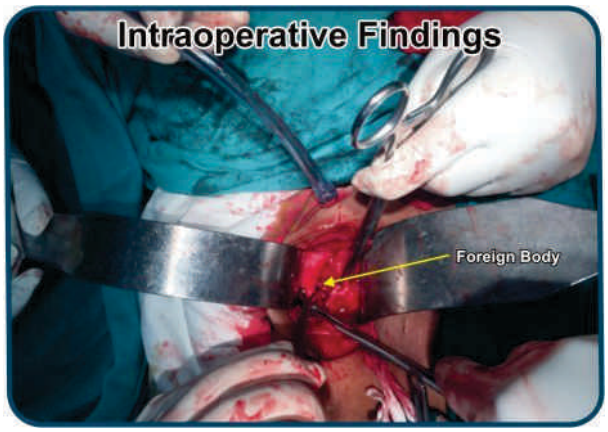
Management

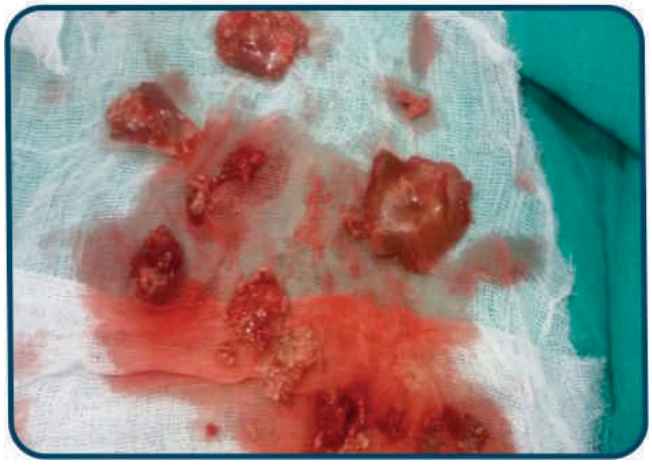
Irregular outlined foreign body measuring 6cm in length and 6cm in width tearing posterior cervical wall projecting in cul de sac and lateraly in lower pelvis and pushing cervix and uterus anteriorly on ulstrasonography.

CT Scan:

A foreign body measuring 6x2.8cm is noted in the cervical canal indenting and perforating the posterior wall of bladder with few air loculi in bladder with thickening of wall 6mm due to formation of granulation tissue at ureterovesical junction. 1.1 x1.3cm broken piece of foreign body







noted, rest was normal.

Cystoscopy

Communication found between bladder and vagina foreign body at cervix and 5x6cm foreign body in upper vagina concealing cervix.

Intraoperative Findings: 6x6cm fetal scalp bone removed in a piece meal from vesicouterine junction and bladder 2x2cm bladder rent repaired. Vesicovaginal fistula noted which was repaired.

Discussion

According to WHO unsafe abortions result in complications and increased hospital admissions in the developing countries of the world.

We performed laparotomy to remove deeply impacted bone followed by fistula repair. Although hysteroscopy is most effective treatment but not prefer in this case because of its deep impaction in bladder and fistula formation.

Conclusion

Retained fetal bone may cause fistula formation as reported.

References

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